

Business Membership Application

Please review carefully. The Business Membership will be opened only with a completed application along with the required documentation.

Eligibility and Criteria:

- The Entity is within LutheranFCU's field of membership.
- Account must be opened under EIN assigned to business entity.
- LutheranFCU requires one partner, member, or officer be listed as an Account Manager for the purpose of authorizing changes to the account.
- A minimum of 2 Authorized Signers (not required to be in our field of membership) are required for savings and checking accounts.
- This application must be signed by a person authorized within your Bylaws to open a Financial Institution account.

Required Documentation:

- Completed and signed Application (attached).
- Certificate of Incumbency (Secretary or officer in charge of keeping entity's records must sign before a Notary Public) (attached).
- Non-expired, government issued identification for all Authorized Signers to be on the account (i.e., driver's license, passport, military ID, etc.). Due to poor images, please email rather than fax ID's
- State Registration form for the Entity (online registration certificates are acceptable).
- Certificate of Beneficial Owner (attached).
- Articles of Incorporation (preferable, but not a must).

Please email the application along with all requested information to:

operations@lutheranfcu.org, fax to (314) 394-2799, or mail to

10733 Sunset Office Drive Ste. 406 St. Louis, MO 63127

PART 1: GENERAL BUSINESS INFORMATION

Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Other (please specify)			
Entity Name:			
EIN/TIN:		Individual Name Completing Application:	
Physical Address (number, street, and apt or suite n ^o)		City:	State and Zip Code:
Phone:	State in which organization is registered:	Date Registered: _____	
Email address:	Web address:		

PART 2: ACCOUNT SERVICES (CHECK THOSE FOR WHICH YOU ARE APPLYING)

Stewardship Savings Account (*this share account is required to become a member*)

Mission Savings

Fellowship Checking Account LCMS District Checking Account

Debit Card – available with Checking accounts only

(Please place the names of those that are to have a debit card in his/her name in the boxes below):

1.	Date of Birth:	Phone #:
2.	Date of Birth:	Phone #:
3.	Date of Birth:	Phone #:

PART 3: ACCOUNT MANAGER – All fields required to be completed.

LutheranFCU requires one person be named to have the authority to make changes/updates to the Membership (e.g. change address or signers, open accounts, etc.) That person is also authorized to make any changes to the Ministry Classic Credit Card.

Individual's First Name:		Middle Initial:	Last Name:	
LFCU Member Number (if applicable)			Title/Position:	
Residential Address (number, street, and apt or suite no.)			City:	State:
				Zip:
DOB ____/____/____	Gender:	SSN:	Phone:	Email:

Business Membership Application

We are required, by federal law, to obtain, verify, and record information that identifies each congregation/business or individual opening a LutheranFCU Membership. We will ask for your congregation/business legal name, address, TIN/EIN, and Phone Number. **REQUIRED IDENTIFICATION:** Individuals must provide one of the following current forms of identification • US Driver's License • Passport • US Military ID • US Work Visa • Other Government Issued picture ID. **REQUIRED IDENTIFICATION** for the Business entity is listed at the beginning of this form. **LutheranFCU reserves the right to request additional identification.**

PART 4: ADDITIONAL AUTHORIZED SIGNER(S) - All fields required to be completed.

Individual's First Name:		Middle Initial:		Last Name:		
LFCU Member Number (if applicable)			Title/Position:			
Residential Address (number, street, and apt or suite no.)				City:		State
						Zip
DOB ____/____/____	Gender:	SSN:	Phone:	Email:		
This individual should have access to:						
<input type="checkbox"/> All accounts <input type="checkbox"/> All Savings Only <input type="checkbox"/> All Checking Only <input type="checkbox"/> Other: Please specify _____						
Individual's First Name:		Middle Initial:		Last Name:		
LFCU Member Number (if applicable)			Title/Position:			
Residential Address (number, street, and apt or suite no.)				City:		State
						Zip
DOB ____/____/____	Gender:	SSN:	Phone:	Email:		
This individual should have access to:						
<input type="checkbox"/> All accounts <input type="checkbox"/> All Savings Only <input type="checkbox"/> All Checking Only <input type="checkbox"/> Other: Please specify _____						

PART 4 CONT'D: ADDITIONAL AUTHORIZED SIGNER(S) - All fields required to be completed.

Individual's First Name:		Middle Initial:		Last Name:	
LFCU Member Number (if applicable)			Title/Position:		
Residential Address (number, street, and apt or suite no.)				City:	State
					Zip
DOB ____/____/____	Gender:	SSN:	Phone:	Email:	
This individual should have access to:					
<input type="checkbox"/> All accounts		<input type="checkbox"/> All Savings Only		<input type="checkbox"/> All Checking Only	
<input type="checkbox"/> Other: Please specify _____					

Individual's First Name:		Middle Initial:		Last Name:	
LFCU Member Number (if applicable)			Title/Position:		
Residential Address (number, street, and apt or suite no.)				City:	State
					Zip
DOB ____/____/____	Gender:	SSN:	Phone:	Email:	
This individual should have access to:					
<input type="checkbox"/> All accounts		<input type="checkbox"/> All Savings Only		<input type="checkbox"/> All Checking Only	
<input type="checkbox"/> Other: Please specify _____					

Corporation:

PART 5: Information Specific to Business

For a Congregation or an Entity within the Lutheran Church – Missouri Synod as defined in our field of Membership • Account will be opened under the Tax Identification Number supplied and MUST match business name • LFCU requires one partner, member, or officer to be listed as the Account Manager • Authorized signers do not need to be in the field of membership • A Debit Card can be issued to Authorized Signers

PART 6: Certification and Agreement

Taxpayer Identification Number (TIN) - Enter your TIN in the box below. For most entities this is the EIN assigned to the business.

Employer Identification Number (EIN)

Certification - I certify that: (1) The information on this form is true, correct, and complete and if proven otherwise, you may revoke any services I use, and (2) The number shown on this form is my correct taxpayer identification number, and (3)* I am not subject to backup withholding because: (a) I am exempt from backup withholding and have completed and delivered to you the appropriate exemption form, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (4) I am a U.S. person (including a U.S. resident alien).

*I agree to check here if I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, **The IRS does not require me to consent to any of the provisions of this document other than the certification required to avoid backup withholding.**

Agreements: All those of us who must be in your field of membership certify that we are within the field of membership, whether by way of employment, organizational or associational affiliation, or an immediate family relationship as defined. Signing below for this membership constitutes an agreement to conform to the terms and conditions of the TIS Disclosure and Account Agreements, the Electronic Services Disclosure and Agreements, the MasterCard Credit Card Agreement and Federal Truth-in-Lending Disclosure, and the Cost Recovery Schedule of Fees and Service Charges all of which are incorporated by this reference, whether applicable to products and services being currently requested or those requested in the future (Online Banking will be immediately accessible). LutheranFCU will send these disclosures (as applicable) via email for your electronic signature. If I am the Account Manager, I am at least 18 years of age. If I am a Sole Proprietor and not yet 18 years of age, I understand I must have a parent or legal guardian named on this account as well. I authorize you to gather and exchange whatever credit, checking account and employment information you consider appropriate from time to time and understand you may make credit or other decisions based in part on this information. Each of the persons authorized on the account(s) is duly authorized to act with respect to transacting on the account(s) and the credit union is authorized to act in all matters relating to the account upon the order of any one of the persons who sign until the Credit Union receives written instructions to the contrary. Changes in Ownership will require a Business Account Change Form be completed.

Changes to the Membership require Account Manager or Board of Directors authorization. In no way will the Credit Union be held liable for acting on the instruction of any individual its records reflect as being authorized on the account. If the Credit Union believes there is a conflict amongst the account owners, the Credit Union has the right to temporarily halt any activity on the account until such conflict is resolved to its satisfaction and to be held harmless for any resulting consequences. Further, each and all who sign this form assume full responsibility for enforcing the provisions of any operating or other Agreement pertaining to the business which has NOT been provided to the Credit Union and agree that LutheranFCU SHALL IN NO EVENT BE LIABLE FOR ITS CONTENTS. In addition, each certifies that 1) all necessary steps have been executed to legally establish the business referenced above, and 2) I/We understand that transactions prohibited by the Illegal Internet Gambling Act of 2006 are prohibited from being processed through this account. LutheranFCU reserves the right to close this membership if any of the information or documentation provided is found to be inaccurate or misleading.

X _____
Signature of person authorized by Bylaws to open a Financial Institution account

Date _____

Certificate of Incumbency

The undersigned, an Authorized Individual of _____
(Name of /District/Entity)

(hereinafter "Corporation"), hereby certifies as follows:

1. That he/she is the Secretary or Officer in charge of keeping entity's records, according to the Bylaws of the Corporation.
2. That pursuant to the Corporation's Bylaws, the following named persons were designated and appointed to the position indicated below, and that said persons do continue to hold such positions at this time, and the signatures set forth opposite the names are the respective genuine signatures. *(Signatures in this section do NOT have to be witnessed by a Notary)*

NAME	SIGNATURE	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. That pursuant to the Corporation's Bylaws, and certain resolutions adopted by the Corporation's Board of Directors, the persons designated to serve in the above-entitled capacity were given sufficient authority to act on behalf of and to bind the Corporation with respect to opening accounts and/or Credit Cards at a Financial Institution, and constitute a legally binding and enforceable obligation of the Corporation.

4. That pursuant to the Corporation's Bylaws, the undersigned has the power and authority to execute this certificate on behalf of the Corporation and that he/she has signed this certificate this _____ day of _____, 20_____.

Signature (witnessed by Notary)

Printed Name and Title

State of _____

County of _____

Sworn and subscribed before me this _____ day of _____, 20_____ and produced _____ as identification.

(Notary Seal)

Notary Public (printed name)

Notary Signature



Certificate of Beneficial Owner

Federal regulation requires financial institutions to obtain, verify, and record information about beneficial owners of a legal entity. For purposes of this form, a legal entity includes a Corporation, Limited Liability Company or other entity within LutheranFCU's field of membership that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, or unincorporated associations.

1. Persons opening a membership on behalf of a legal entity must provide the following information:

- a. Name and Title of Natural Person opening account: _____
- b. Name of legal entity for which the membership/account is being opened/maintained: _____

2. Provide the information for each individual who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent (25%) or more of the equity interests of the legal entity listed above:

Please check if Beneficial Owner Not Applicable

Owner 1

Name	% Ownership	Date of Birth	Tax Identification Number (SSN)
ID Type & ID Number- expiration date		Address	

Owner 2

Name	% Ownership	Date of Birth	Tax Identification Number (SSN)
ID Type & ID Number- expiration date		Address	

Owner 3

Name	% Ownership	Date of Birth	Tax Identification Number (SSN)
ID Type & ID Number- expiration date		Address	

Owner 4

Name	% Ownership	Date of Birth	Tax Identification Number (SSN)
ID Type & ID Number- expiration date		Address	

3. Provide the following for one individual with significant responsibility for managing the legal entity listed above, such as an executive officer or senior manager (e.g. CEO, CFO, COO, VP, General Partner, President, Treasurer) or any other individual who regularly performs similar functions.

Name	% Ownership	Date of Birth	Tax Identification Number (SSN)
ID Type & ID Number- expiration date		Address	

Certification and Agreement

I, _____ (name of person opening membership/account), hereby certify, to the best of my knowledge that the information provided above is complete and correct.

Signature: _____ Date: _____

ACH Authorization Form

We, _____ (Entity's legal name), hereby authorize

Lutheran Federal Credit Union to initiate a one-time opening deposit transfer to the following account(s):

- Stewardship Savings (Business)
- Mission Savings
- Fellowship Checking
- LCMS District Checking
- Secured Ministry Classic Savings

from the Financial Institution listed below:

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

Routing Number (9 digits) _____

Account Number _____

Checking

Savings

Total Amount to be transferred \$ _____ and allocation to specific accounts (if applicable):

Authorized Signature

Title

Date

For Internal Use Only

Date processed _____

Processed by _____

Reviewed by _____